

Case Number:	CM14-0147815		
Date Assigned:	09/15/2014	Date of Injury:	12/02/2004
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is an 85-year-old male who reported an injury on 12/02/2004. The mechanism of injury was not provided. The surgical history included a right carpal tunnel release and a right ulnar nerve decompression. The documentation of 06/24/2014 revealed the injured worker's medications included Voltaren 75 mg 1 twice a day, Prilosec 20 mg, Zanaflex 2 mg 1 tablet twice a day, and Ultram 50 mg 1 tablet twice a day. The diagnostic studies and therapies were not provided. The documentation of 08/24/2014 revealed the injured worker's pain was an 8/10 without the use of medications and was a 4/10 with the use of medications. The injured worker could perform activities of daily living with much less pain, including bathing, dressing, cooking, cleaning, and grocery shopping. The documentation indicated the injured worker had exhibited no signs or symptoms of abuse of the medication or no aberrant drug behavior. The physical examination revealed tenderness of the posterior cervical and bilateral trapezial musculature. The injured worker had decreased sensation to pinprick over the volar aspect of all 10 digits. The injured worker had tenderness in the lower lumbar paravertebral musculature. The injured worker had decreased range of motion of the lumbar spine. The diagnoses include cervical stenosis C5-6; cervical radiculopathy; right shoulder impingement syndrome; status post right ulnar nerve decompression and right carpal tunnel release; right carpal tunnel syndrome, moderate; left carpal tunnel syndrome, moderate; and lumbar scoliosis. The treatment plan included a continuation of medications. There was no rationale or Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zanaflex 2mg #60, Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. There was a lack of documented rationale for the medication. Given the above, the request for Zanaflex 2 mg #60, two refills is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain , ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The duration of use was at least 2 months. The clinical documentation submitted for review met the above the criteria. However, the request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for the medication. Given the above, the request for Ultram 50 mg #60 is not medically necessary.

Voltaren 75mg#60 Two Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement.

The clinical documentation submitted for review met the above criteria. However, there was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for the medication. Given the above, the request for Voltaren 75 mg #60, two refills is not medically necessary.